

COMPLETE SOLUTIONS PERSONAL RETIREMENT BOND APPLICATION FORM

Before you give us your personal information please note that Irish Life has a Data Privacy Notice. This explains what your data protection rights are and how and why we use your personal information. This is always available on our website at www.irishlife.ie or you can ask us for a copy.

PLEASE READ THE QUESTIONS CAREFULLY BEFORE ANSWERING THEM AND USE BLOCK CAPITALS.

If any item is blank or illegible, this will cause a delay in processing your application.



Financial Adviser Details				
Financial Adviser Name				
Financial Adviser Code				
Profile				

If your Financial Broker or Adviser submits your application electronically Irish Life will only receive a copy of the Declarations section of this form. The original application form will be retained by your Financial Broker of Adviser and not checked by Irish Life.

1. Personal Details Title (Mr/Mrs/Ms etc) First Name Initial (if applicable) Surname Age Next Birthday Date of Birth (dd/mm/yyyy) Gender Male Female Relationship Status Single Married Widowed Separated Divorced Registered Civil Partner Country of Birth Country of Nationality Previous Surname (if any) **PPS Number** Occupation Country of Residence No Are you resident in Ireland for tax purposes? Yes

We are obliged to establish country of birth and nationality to comply with anti-money laundering requirements

> PPS number should contain 7 digits and 1 or 2 letters

2. Contact Details

2. Contact Details			

If Yes, please complete the Politically Exposed Person (PEP) or Relative or Close Associate (RCA) Supplementary Form An explanation of these terms is provided in

3. Politically Exposed Person (PEP) or Relative or Close Associate (RCA) of a PEP

Are you or any of the Beneficiaries, Trustees, Settlors, Appointers or in the case of a Company Owner, Director, Beneficial Owner (or have been within the last 12 months), a PEP or RCA? Supplementary Form 4. Employer Details Is this a transfer from an existing PRB? Nο What is the original source of this payment? Company pension scheme-DB Company pension scheme-DC Transfers from UK Transfers from other overseas Transferring scheme details: Date employment began Transferring scheme details: Date scheme service/employment ended Have you on your own, or with your spouse and/or minor children, directly or indirectly owned or controlled more than 5% or more than 20% of the voting rights of the employer. This is not applicable if a Salary at date of leaving employment (Please include the average of any fluctuating emoluments over the last 3 years of 20% director employment) For 20% directors only. We need evidence of > Highest 3 consecutive salaries ending in the last 10 years salary for example P60 or accountants report We will confirm the details 5. Premium Details of the existing PRB with the relevant life office from Name of Life Office these details Plan Reference If we do not receive Value of employer contributions a breakdown of the contribution amount, we € Value of employee contributions will treat it all as employer contributions. Retirement € Value of AVC contributions benefits will be updated accordingly 6. Benefit Details Scheme normal retirement age Do the rules of the scheme allow the member/customer to avail of ARF/AMRF options? Yes No Name of trustees of Originating Pension Scheme Name of Original Employer Is there a Pension Adjustment Order (PAO) granted against this contribution? Yes Does any of this single contribution relate to more than one previous pension scheme? Date previous employment began Date previous employment ended Final salary details

Employer	€			
Employee	€			
AVC	€			
Total	€			
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If you wish to	avail of a Lifestyling Strate	gy, please complete:		
of your plan. A	detailed description of each	n strategy is given in your p		
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	7. Fund I You can split you Global Cash Fur Multi Asset Port Multi Asset Port Multi Asset Port Multi Asset Port Strategic Asset F Protected Conse Self-Invested Fu Other Funds Lifestyling Strate If you wish to Irish Life offers of your plan. A	AVC Total € 7. Fund Details You can split your investment between up to Global Cash Fund Multi Asset Portfolio Fund 2 Multi Asset Portfolio Fund 3 Multi Asset Portfolio Fund 5 Multi Asset Portfolio Fund 6 Strategic Asset Return Fund Protected Consensus Markets Fund Self-Invested Fund Other Funds Lifestyling Strategies are not available if you life you wish to avail of a Lifestyling Strategies beloof your plan. A detailed description of each	AVC Total 7. Fund Details You can split your investment between up to 10 funds. Please make sure and split your investment between up to 10 funds. Please make sure and split you invest ment between up to 10 funds. Please make sure and split you invest make sure and split you invest make sure and split you invest in the Self-Invested split you wish to avail of a Lifestyling Strategies below which gradually moves in the Self-Invested split you invest in the Self-Invested split you wish to avail of a Lifestyling Strategies below which gradually moves in the Self-Invested split you invest in the Self-Invested split you wish to avail of a Lifestyling Strategies below which gradually moves in the Self-Invested split you wish to gradually moves in the Self-Invested split you	AVC Total 7. Fund Details You can split your investment between up to 10 funds. Please make sure that the percentage: Global Cash Fund Multi Asset Portfolio Fund 2 Multi Asset Portfolio Fund 3 Multi Asset Portfolio Fund 4 Multi Asset Portfolio Fund 5 Multi Asset Portfolio Fund 6 Strategic Asset Return Fund Protected Consensus Markets Fund Self-Invested Fund Other Funds Lifestyling Strategies are not available if you invest in the Self-Invested Fund or a property fur If you wish to avail of a Lifestyling Strategy, please complete: Irish Life offers 3 Lifestyling Strategies below which gradually moves your chosen fund(s) in of your plan. A detailed description of each strategy is given in your product booklet. You s

devenue Reference Number ension Board Registration Number sthe PRB to pay for a retirement lump sum? stepouse/civil partners pension after death to be provided? Yes No No Yes, please provide further details No No Yes, please provide further details No Yes, please provide further details	ne PRB to pay for a retirement lump sum? pouse/civil partners pension after death to be provided? es the member/customer have any pension benefits from current or previous employment? es, please provide further details s the member/customer received any pension benefits on leaving any employment?			Yes (N	Mo (
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	Your Plan Communication						
9. Your Plan Communication		ck, lett	c, lette	ters an	ıd reg	gular	
P. Your Plan Communication How would you like to receive your plan communication from us? (for example, your welcome pack, letters and regular tatements)	ase tick one option: Online By paper post						
How would you like to receive your plan communication from us? (for example, your welcome pack, letters and regular tatements)	ou do not choose an option we will assume you want to receive communications by paper post.						
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How would you like to receive your plan communication from us? (for example, your welcome pack, letters and regular tatements) Please tick one option: Online By paper post You do not choose an option we will assume you want to receive communications by paper post.		s taken			hroug) (

Please note that mobile number AND email address MUST be provided if you wish to receive online communications (see section 2)

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PERSONAL RETIREMENT BOND PLAN DECLARATIONS

	Proposal Number					
	Customer Name					
	Financial Adviser Name					
	If you submit this proposal electronically up you should only send us this section. Any words in the singular also mean the plural as applicable (e.g. "I" means "we" and "my" means "our" of the singular also means "our" of the singular also means the plural as applicable (e.g. "I" means "we" and "my" means "our" of the singular also means the plural as applicable (e.g. "I" means "we" and "my" means "our" of the singular also means the plural as applicable (e.g. "I" means "we" and "my" means "our" of the singular also means the plural as applicable (e.g. "I" means "we" and "my" means "our" of the singular also means the plural as applicable (e.g. "I" means "we" and "my" means "our" of the singular also means "our" our "our "					
	A. Declaration unde	r Regulation 6(3) of the Life Assurance (Provision of tions 2001				
		ution is a transfer from another Personal Retirement Bond				
	yourself that this plan meets your n	in complete or partial replacement of an existing plan, please take special care to satisfy eeds. In particular, please make sure you are aware of the financial consequences of are in doubt about this, please contact your insurer or Financial Adviser.				
	Ref. Plan Number					
	Please complete this section by tick	ring the appropriate box:				
	Yes, this plan is replacing an Irish Li	fe, Canada Life or Progressive Life plan				
	Yes, this plan is replacing a plan fro	m another life company				
	Declaration of Insurer/Finan I hereby declare that in accordance	cial Adviser with Regulation 6(1) of the Life Assurance (Provision of Information) Regulations, 2001				
	(Customer name and address)					
	has been provided with the information specified in Schedule 1 (Customer Information Notice) to those Regulations and that I have advised the customer as to the financial consequences of replacing an existing plan with this plan by cancellation or reduction, and of possible financial loss as a result of such replacement.					
	> Signature of Financial Adviser	X				
Please sign and date	Date					
	Declaration of Customer I confirm that I have received in wri	ting the information specified in the above declaration.				
	> Signature of Customer	X				
Please sign and date	Date					

B. Trustee Declaration

Only to be completed if the contribution is coming from a pension scheme

I declare that the information given in this application form (online or otherwise) is complete and correct and request that a Personal Retirement Bond (PRB) be issued in the name of the member in accordance with the details set out above.

I confirm that:

- The pension scheme is (or is intended to be) exempt approved for the purposes of the Taxes Consolidation Act 1997...
- The plan documentation empowers the trustees to purchase the PRB for the member instead of the benefits for or in respect of the member under the plan.

I agree to any future endorsements that may be required to allow a switch between any versions under the plan even though such switches may not now be possible under the current terms of the policy.

I acknowledge that Irish Life Assurance plc will provide only the benefits purchased under these bonds and will accept no further responsibilities in relation to the member and his/her dependents.

I declare that the member shall be entitled to request a transfer payment in accordance with the Terms of the PRB, to another scheme instead of the provision of benefits under the PRB.

I confirm I have been informed about the Irish Life Data Privacy Notice and where to get this.

Duly authorised to sign for and on behalf of the trustees.

Block Capitals	> Name	
Please sign and date	> Signature	X
ricase sign and date	Date	

C. Member/Customer Plan Declaration

I declare that all the answers to all the questions in this application form (online or otherwise) are in every respect true and correct. Where I have completed my application online, I acknowledge that a copy of my application will be sent to me and agree to notify Irish Life, in writing, if:

- I do not receive the printed record
- Any information in this record is, false, incorrect or incomplete

I hereby agree that the contract proposed with Irish Life Assurance plc will be based on this application form (online or otherwise) and declarations. I understand that this contract shall not be capable of being surrendered, commuted or assigned except as provided under Chapter 1 of Part 30 of the Taxes Consolidation Act 1997.

I confirm I have been informed about the Irish Life Data Privacy Notice and where to get this.

I confirm that I have read and understood all the above declarations.

Member/Customer Signature	X
Date	

D. Optional Consent

Consent to Sharing with Other Companies in the Irish Life Group

I agree to Irish Life Assurance sharing my personal information (excluding my personal health information) with other companies within the Irish Life Group, such as Irish Life Health. I understand this is to assist in developing combined customer services (for example, access to services from different Group companies on one online platform). This is an area that will continue to improve with a view to adding new customer engagement offerings.

You can change your mind at any time and opt-out of any further sharing by emailing <u>dataprotectionqueries@irishlife.ie</u> or writing to Irish Life Data Protection Team. If you opt-out we will keep a record of your instruction to opt-out.

Customer	I agree	I don't agree
Trustee	l agree	I don't agree